

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09781715</u>	FILING DATE <u>02-15-01</u>	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*					*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.		
1	/						51		/					
2		/					52		/					
3		/					53		/					
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35		/					85							
36		+					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41	/	/					91							
42		/					92							
43		/					93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.							TOTAL IND.	4						
TOTAL DEP.							TOTAL DEP.	51						
TOTAL CLAIMS							TOTAL CLAIMS	55						